# Case 17-81168 Doc 1 Filed 05/17/17 Entered 05/17/17 11:43:10 Desc Main Document Page 1 of 66

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |   |   |
|-----|--|---|---|---|
|     |  | About Debtor 1:   |   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Theresa First name  D. Middle name  Morgan Last name and Suffix (Sr., Jr., II, III) | - | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have   |   |   |   |
|     | used in the last 8 years Include your married or maiden names.   |   |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-7795   |   |   |

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Case number (if known)

Debtor 1 Theresa D. Morgan

|            |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|------------|---|---|--|--|--|
| 4.         | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |
|            | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |
|            |   | EINs  | EINs   |  |  |
| 5.         | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |
|            |   | 1004 - 11th Avenue<br>Rock Falls, IL 61071  |  |  |  |
|            |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|            |   | Whiteside County  | County   |  |  |
|            |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|            |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6.         | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |
| bankruptcy |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|            |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|            |   |   |  |  |  |

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Document Case number (if known) Debtor 1 Theresa D. Morgan

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                  |   |  |  |  |
|---|---|---|----------------------------------|---|--|--|--|
|   | choosing to file under  | ■ Ch  | hapter 7                         |   |  |  |  |
|   |   | _   | hapter 11                        |   |  |  |  |
|   |   |   | hapter 12                        |   |  |  |  |
|   |   |   | hapter 13                        |   |  |  |  |
|   |   |   | ·                                |   |  |  |  |
| 3.  | How you will pay the fee  |   | about how yo                     | u may pay. Typica<br>attorney is submit   | ally, if you are paying the fee yo                               | k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with |  |
|   |   |   |                                  | ay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Fee in Installments (Official Form 103A). |  |  |  |
|   |   |   | I request that<br>but is not req | t my fee be waive<br>uired to, waive you  | ed (You may request this option ur fee, and may do so only if yo | n only if you are filing for Chapter 7. By law, a judge may,<br>our income is less than 150% of the official poverty line that   |  |
|   |   |   |                                  |   |  | n installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.  |  |
|   |   |   |                                  |   |  |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No  |                                  |   |  |  |  |
|   | last 8 years?   | ☐ Ye  |                                  |   | \Mb a.e  | Coop gurpher   |  |
|   |   |   | District                         |   | When<br>When   | Case number  |  |
|   |   |   | District<br>District             |   | when<br>When   | Case number Case number  |  |
|   |   |   | DISTRICT                         |   | vvnen  | Case number  |  |
| 10.   | Are any bankruptcy cases pending or being   | ■ No  | )                                |   |  |  |  |
|   | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye  | S.                               |   |  |  |  |
|   |   |   | Debtor                           |   |  | Relationship to you  |  |
|   |   |   | District                         |   | When   | Case number, if known  |  |
|   |   |   | Debtor                           |   |  | Relationship to you  |  |
|   |   |   | District                         | -   | When   | Case number, if known  |  |
| 11. Do you rent your $\square$ No. Go to line 12. |   | □ No  | Go to I                          | ine 12.   |  |  |  |
| 11.   | residence?  | _   | . Has yo                         | ur landlord obtain  | ed an eviction judgment agains                                   | st you and do you want to stay in your residence?  |  |
| 11.   |   | Ye  | S. ,                             |   |  |  |  |
| 11.   |   | ■ Ye  | ss. ,                            | No. Go to line 12   | 1  |  |  |

Document Page 4 of 66 Case number (if known) Debtor 1 Theresa D. Morgan Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard?

identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Theresa D. Morgan

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Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether

you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 66 Case number (if known) Debtor 1 Theresa D. Morgan Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Theresa D. Morgan Signature of Debtor 2 Theresa D. Morgan Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on May 11, 2017

MM / DD / YYYY

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Debtor 1 Theresa D. Morgan Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jeffry A<br>Signature of                     | Dahlberg<br>Attorney for Debtor | Date          | May 11, 2017<br>MM / DD / YYYY |  |  |
|--|---------------------------------|---------------|--------------------------------|--|--|
| Jeffry A Da                                      | hlberg                          |               |                                |  |  |
| Balsley & D                                      | Pahlberg                        |               |                                |  |  |
| 5130 North Second Street<br>Loves Park, IL 61111 |                                 |               |                                |  |  |
| Number, Street,                                  | City, State & ZIP Code          |               |                                |  |  |
| Contact phone                                    | (815) 877-2593                  | Email address | www.balsleylawoffice.com       |  |  |
| 6206776  |                                 |               |                                |  |  |
| Bar number & St                                  | ate                             |               |                                |  |  |

|                     |                          | Docume            | ent Page 8 of 66 |                                      |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                      |
| Debtor 1            | Theresa D. Morga         | n                 |                  |                                      |
|                     | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2            |                          |                   |                  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                          |                   |                  |                                      |
| (if known)          |                          |                   |                  | ☐ Check if this is an amended filing |
|                     |                          |                   |                  | <br>_                                |

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|  |  | assets<br>of what you own  |
|--|--|--|
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$   | 0.00   |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$   | 5,325.00   |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$   | 5,325.00   |
| t 2: Summarize Your Liabilities  |  |  |
|  |  | liabilities<br>nt you owe  |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$   | 0.00   |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$   | 0.00   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$   | 101,183.74   |
| Your total liabilities   | \$   | 101,183.74   |
| t 3: Summarize Your Income and Expenses  |  |  |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$   | 0.00   |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$   | 0.00   |
| Answer These Questions for Administrative and Statistical Records  |  |  |
| Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other so  | hedules.   |
| ■ Yes What kind of debt do you have?   |  |  |
|  | 1a. Copy line 55, Total real estate, from Schedule A/B | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

0.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 21,477.34 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 21,477.34 |

|                |                           |   | Document   | Page 10 of 66                   |                           |           |                     |
|----------------|---------------------------|---|--|---------------------------------|---------------------------|-----------|---------------------|
| Fill in        | this inform               | ation to identify your                            | case and this filing:  |                                 |                           |           |                     |
| Debto          | or 1                      | Theresa D. Morga                                  | ın   |                                 |                           |           |                     |
|                |                           | First Name  | Middle Name  | Last Name                       |                           |           |                     |
| Debto          |                           |   |  |                                 |                           |           |                     |
| (Spous         | e, if filing)             | First Name  | Middle Name  | Last Name                       |                           |           |                     |
| Unite          | d States Ban              | kruptcy Court for the:                            | NORTHERN DISTRICT OF ILL   | INOIS                           |                           |           |                     |
|                |                           |   |  |                                 |                           |           |                     |
| Case           | number                    |   |  | _                               |                           |           | Check if this is an |
|                |                           |   |  |                                 |                           |           | amended filing      |
|                |                           |   |  |                                 |                           |           |                     |
| Offi           | cial For                  | m 106A/B  |  |                                 |                           |           |                     |
|                |                           | _   |  |                                 |                           |           |                     |
| SCI            | nedule                    | e A/B: Prop                                       | erty   |                                 |                           |           | 12/15               |
| think it       | fits best. Be             | as complete and accura<br>space is needed, attach | e items. List an asset only once. If<br>ate as possible. If two married peop<br>a separate sheet to this form. On t  | le are filing together, both ar | re equally responsible fo | r supplyi | ng correct          |
| Part 1         | Describe E                | ach Residence, Buildin                            | g, Land, or Other Real Estate You O  | wn or Have an Interest In       |                           |           |                     |
| 1 0-           | VOIL 0200 55 F-           | avo any logol or accit-L                          | e interest in any residence, building  | a land or cimilar areas         |                           |           |                     |
| 1. DO          | you own or na             | ave any legal or equitable                        | e interest in any residence, building  | j, iand, or similar property?   |                           |           |                     |
|                | No. Go to Part            | 2.  |  |                                 |                           |           |                     |
|                | es. Where is              | the property?                                     |  |                                 |                           |           |                     |
|                |                           | ,   |  |                                 |                           |           |                     |
| Part 2         | Describe Y                | our Vehicles                                      |  |                                 |                           |           |                     |
| <b>D</b>       |                           |   | Makin to to a second to a second to be   |                                 |                           |           |                     |
|                |                           |   | uitable interest in any vehicles,<br>le, also report it on Schedule G: I   |                                 |                           | y vehicle | es you own that     |
|                |                           | •   | •  | zhodatory Communic and Cr       | Toxpirod Loddoo.          |           |                     |
| 3. <b>Ca</b> ı | rs, vans, tru             | cks, tractors, sport u                            | tility vehicles, motorcycles   |                                 |                           |           |                     |
|                | vlo.                      |   |  |                                 |                           |           |                     |
| _              |                           |   |  |                                 |                           |           |                     |
|                | r'es                      |   |  |                                 |                           |           |                     |
|                |                           | N 1 4   |  |                                 | Do not deduct secure      | nd claims | or exemptions But   |
| 3.1            |                           | Chevrolet   | Who has an interest in t   | he property? Check one          | the amount of any se      |           |                     |
|                | - IVIOUCI.                | railblazer  | Debtor 1 only  |                                 | Creditors Who Have        | Claims Se | ecured by Property. |
|                | Year: 2                   | 007   | Debtor 2 only  |                                 | Current value of the      | e Cu      | rrent value of the  |
|                | Approximate               |   | 000 Debtor 1 and Debtor 2  |                                 | entire property?          | ро        | rtion you own?      |
|                | Other informa             | ation:  | At least one of the deb  | otors and another               |                           |           |                     |
|                |                           |   | П  |                                 | \$4,225.0                 | ın        | \$4,225.00          |
|                |                           |   | (see instructions)   | nunity property                 | Ψ-,220.0                  |           | Ψ+,223.00           |
|                |                           |   | (555 Hiotidoliono)   |                                 |                           |           |                     |
|                | <i>mples:</i> Boats<br>No |   | TVs and other recreational vehonal watercraft, fishing vessels, s  |                                 |                           |           |                     |
|                |                           |   | you own for all of your entries and the second of the seco |                                 |                           |           | \$4,225.00          |
| Part 3         | Describe Y                | our Personal and Hous                             | ehold Items  |                                 |                           |           |                     |
|                |                           |   | able interest in any of the follo  | wing items?                     |                           | Curr      | ent value of the    |
|                |                           | <b>J J L L L L L L L L L L</b>                    | ,  | J                               |                           | porti     | on you own?         |
|                |                           |   |  |                                 |                           |           | ot deduct secured   |
| c Ha           | مويد اماموري              | nde and furnishings                               |  |                                 |                           | Claiffi   | s or exemptions.    |

**Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

|                          | Case 17-             | Document Page 11 of 66  | Desc Main                             |
|--------------------------|----------------------|---|---------------------------------------|
| Debtor 1                 | Theresa D. N         | Morgan Case number (if known  | )                                     |
| ■ Yes                    | Describe             |   |                                       |
|                          |                      | Misc. household goods and furnishings   | \$100.00                              |
|                          |                      | Misc. Household goods and furnishings   | Ψ100.00                               |
| . Electro                | nics                 |   |                                       |
| Examp                    |                      | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music I phones, cameras, media players, games | collections; electronic devices       |
| □ No                     |                      | , F   |                                       |
| Yes.                     | Describe             |   |                                       |
|                          |                      | 1 TV's  |                                       |
|                          |                      | 1 Cell Phone  | \$200.00                              |
|                          |                      | 1 Laptop  | Ψ200.00                               |
| R Collect                | ibles of value       |   |                                       |
|                          | les: Antiques and    | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coil                                    | n, or baseball card collections;      |
| ■ No                     | otner collecti       | ions, memorabilia, collectibles   |                                       |
|                          | Describe             |   |                                       |
| e. Equipm                | nent for sports a    | nd hobbies  |                                       |
|                          |                      | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  | and kayaks; carpentry tools;          |
| ■ No                     | musicai msti         | unients   |                                       |
| ☐ Yes.                   | Describe             |   |                                       |
| 10. Firear               | ms                   |   |                                       |
| Exam<br>■ No             | ples: Pistols, rifle | s, shotguns, ammunition, and related equipment  |                                       |
|                          | Describe             |   |                                       |
| 1. Clothe                | ne .                 |   |                                       |
| _Exam                    |                      | othes, furs, leather coats, designer wear, shoes, accessories   |                                       |
| □ No                     | Describe             |   |                                       |
| <b>-</b> 165.            | Describe             |   |                                       |
|                          |                      | Clothing and personal items   | \$500.00                              |
|                          |                      |   |                                       |
| 12. <b>Jewel</b><br>Exam |                      | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  | gold, silver                          |
| ■ No                     |                      |   |                                       |
| ☐ Yes.                   | Describe             |   |                                       |
|                          | arm animals          | hirda harasa  |                                       |
| ■ No                     | ples: Dogs, cats,    | birds, noises   |                                       |
|                          | Describe             |   |                                       |
| 14. <b>Any o</b>         | ther personal an     | nd household items you did not already list, including any health aids you did not list   |                                       |
| ■ No                     | •                    |   |                                       |
| ☐ Yes.                   | Give specific inf    | formation   |                                       |
| 45                       |                      |   |                                       |
|                          |                      | of all of your entries from Part 3, including any entries for pages you have attached number here                                     | \$800.00                              |
|                          |                      |   |                                       |
|                          | escribe Your Finan   |   |                                       |
| Do you o                 | wn or have any l     | legal or equitable interest in any of the following?  | Current value of the portion you own? |
|                          |                      |   | Do not deduct secured                 |

Official Form 106A/B Schedule A/B: Property

page 2

claims or exemptions.

|    |                          | Case 17                                     | 7-81168   | Doc 1                          |  | Entered 05/17/17 11:43:10  | Desc Main                     |
|----|--------------------------|---|---|--------------------------------|--|--|-------------------------------|
| De | btor 1                   | Theresa D                                   | . Morgan  |                                | Document   | Page 12 of 66  Case number (if known)  |                               |
|    | ■ No                     |   | ·   |                                | our home, in a safe depo                         | osit box, and on hand when you file your petiti  | on                            |
|    | Examp<br>—               |   |   |                                | I accounts; certificates ounts with the same ins | of deposit; shares in credit unions, brokerage httution, list each.                                    | nouses, and other similar     |
|    | □ No<br>■ Yes            |   |   |                                | Institution r                                    | name:  |                               |
|    |                          |   | 17.1.   | Credit Unio<br>Savings         |  | sippi Valley   | \$300.00                      |
|    | Examp<br>■ No<br>□ Yes   |   | ds, investme  | nt accounts wi                 | ith brokerage firms, mor                         |  |                               |
|    | joint v<br>■ No          | ublicly traded<br>enture<br>Give specific   | information a   | about them                     | ·  | orporated businesses, including an interes   | t in an LLC, partnership, and |
|    | Negoti<br>Non-ne<br>■ No | iable instrume                              | rporate bon<br>nts include pe<br>uments are the<br>nformation a | ersonal check<br>nose you canr | s, cashiers' checks, pro                         | % of ownership:  egotiable instruments missory notes, and money orders. by signing or delivering them. |                               |
|    | <i>Examp</i><br>■ No     | nent or pensioles: Interests List each acco | in IRA, ERIS<br>ount separate                                   | A, Keogh, 401                  | I(k), 403(b), thrift saving                      | is accounts, or other pension or profit-sharing  | plans                         |
|    | Your s<br>Examp<br>■ No  |   | ised deposits   | you have ma                    | rent, public utilities (ele-                     | tinue service or use from a company ctric, gas, water), telecommunications compar                      | nies, or others               |
|    | Annuit<br>■ No<br>□ Yes  | ,   | ·   | ic payment of                  |  | r life or for a number of years)   |                               |
|    |                          | t <b>s in an educ</b> a<br>C. §§ 530(b)(1   |   |                                | n a qualified ABLE pro                           | ogram, or under a qualified state tuition pro  | ogram.                        |
|    | □ Yes                    |   | Institution na  | ame and desc                   | ription. Separately file the                     | ne records of any interests.11 U.S.C. § 521(c):  |                               |
|    | ■ No                     | equitable or Give specific                  |   |                                | rty (other than anythir                          | ng listed in line 1), and rights or powers exe   | ercisable for your benefit    |
|    | Examp<br>■ No            |   | lomain name   | s, websites, p                 | ts, and other intellecturoceeds from royalties a | ual property<br>and licensing agreements   |                               |

Official Form 106A/B Schedule A/B: Property page 3

|    |                        | Case                            | 17-81168  | Doc 1           |   | Entered 05/17/17 11:43:10                                   | Desc Main   |
|----|------------------------|---------------------------------|---|-----------------|---|---|---|
| D  | ebtor 1                | Theresa                         | D. Morgan   |                 | Document  | Page 13 of 66 Case number (if known)                        |   |
| 27 | Exam <sub>i</sub> ■ No | <i>ples:</i> Buildin            | ses, and other g permits, exclufic information a                      | isive licenses  | ngibles<br>, cooperative association                | n holdings, liquor licenses, professional licens            | es  |
| M  | oney or                | property o                      | wed to you?   |                 |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No                   | funds owed                      | •   | bout them, inc  | cluding whether you alre                            | ady filed the returns and the tax years                     |   |
| 29 | Exam                   |                                 | ue or lump sum  |                 | usal support, child suppo                           | ort, maintenance, divorce settlement, property              | settlement  |
| 30 | Exam <sub>i</sub> ■ No | <i>pl</i> es: Unpaid<br>benefit | omeone owes y<br>d wages, disabilits; unpaid loans<br>fic information | ty insurance    |   | efits, sick pay, vacation pay, workers' compe               | nsation, Social Security  |
| 31 | Exam <sub>i</sub> ■ No | <i>ples:</i> Health             | nsurance compa  |                 | nealth savings account (                            | HSA); credit, homeowner's, or renter's insurar Beneficiary: | nce<br>Surrender or refund<br>value:  |
| 32 | If you somed           | are the bencone has died        | eficiary of a livin   |                 | someone who has die<br>t proceeds from a life in    | ed<br>surance policy, or are currently entitled to rec      |   |
| 33 | Exam <sub>i</sub> ■ No | ples: Accide                    |   |                 | you have filed a lawsu<br>surance claims, or rights | it or made a demand for payment<br>s to sue                 |   |
| 34 | ■ No                   | _                               | and unliquidat  | ed claims of    | every nature, includin                              | g counterclaims of the debtor and rights to                 | o set off claims  |
| 35 | ■ No                   |                                 | ets you did not fic information                                       | already list    |   |   |   |
| 36 |                        |                                 |   |                 | om Part 4, including a                              | ny entries for pages you have attached                      | \$300.00  |
| Pa | art 5: De              | escribe Any E                   | Business-Related  | Property You    | Own or Have an Interest                             | In. List any real estate in Part 1.                         |   |
|    | No. Go                 | own or have to Part 6.          | any legal or equi   | itable interest | in any business-related p                           | roperty?  |   |

Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) Document Debtor 1 Theresa D. Morgan Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$4,225.00 57. Part 3: Total personal and household items, line 15 \$800.00 Part 4: Total financial assets, line 36 \$300.00 58. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61.

\$5,325.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$5,325.00

\$5,325.00

|                     |                          | 17/7/11111        |             |                                      |
|---------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |             |                                      |
| Debtor 1            | Theresa D. Morga         | n                 |             |                                      |
|                     | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2            |                          |                   |             |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number         |                          |                   |             |                                      |
| (if known)          |                          |                   |             | ☐ Check if this is an amended filing |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                               |
| 2007 Chevrolet Trailblazer 130,000 miles   | \$4,225.00                           | \$2,400.00 735 ILCS 5/12-1001(c)                                     |
| Line from Schedule A/B: 3.1  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit    |
| 2007 Chevrolet Trailblazer 130,000 miles   | \$4,225.00                           | \$1,825.00 735 ILCS 5/12-1001(b)                                     |
| Line from <i>Schedule A/B</i> : 3.1  |                                      | □ 100% of fair market value, up to any applicable statutory limit    |
| Misc. household goods and furnishings Line from Schedule A/B: 6.1                      | \$100.00                             | \$100.00 735 ILCS 5/12-1001(b)                                       |
| Ellie Holli osilodale 702. G. 1  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit    |
| 1 TV's<br>1 Cell Phone   | \$200.00                             | \$200.00 735 ILCS 5/12-1001(b)                                       |
| 1 Laptop Line from <i>Schedule A/B</i> : 7.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit    |
| Clothing and personal items  | \$500.00                             | \$500.00 735 ILCS 5/12-1001(a)                                       |
| Line nom ochedale A/D. TT.1  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit    |

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Brief description of the property and line on Schedule A/B that lists this property

Credit Union Savings: IH Mississippi Valley

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Specific laws that allow exemption Check only one box for each exemption.

Specific laws that allow exemption Schedule A/B

Credit Union Savings: IH Mississippi \$300.00

Savings: IH Mississippi Savings

|    | Vall | ey   | nion Savings: IH Mississippi  Schedule A/B: 17.1                 | \$300.00               |         | \$300.00<br>100% of fair market value, up to<br>any applicable statutory limit | 735 ILCS 5/12-1001(b) |  |
|----|------|------|--|------------------------|---------|--|-----------------------|--|
| 3. |      | -    | claiming a homestead exemption o adjustment on 4/01/19 and every |                        |         | led on or after the date of adjustme   | nt.)                  |  |
|    |      | Yes. | Did you acquire the property cover No Yes                        | red by the exemption w | ithin 1 | .215 days before you filed this case   | 9?                    |  |

| Fill in this infor  | Fill in this information to identify your case: |                   |             |  |                     |  |  |  |
|---------------------|---|-------------------|-------------|--|---------------------|--|--|--|
| Debtor 1            | Theresa D. Morga                                | n                 |             |  |                     |  |  |  |
|                     | First Name                                      | Middle Name       | Last Name   |  |                     |  |  |  |
| Debtor 2            |   |                   |             |  |                     |  |  |  |
| (Spouse if, filing) | First Name                                      | Middle Name       | Last Name   |  |                     |  |  |  |
| United States Ba    | ankruptcy Court for the:                        | NORTHERN DISTRICT | OF ILLINOIS |  |                     |  |  |  |
| Case number         |   |                   |             |  |                     |  |  |  |
| (if known)          |   |                   |             |  | Check if this is an |  |  |  |
|                     |   |                   |             |  | amended filing      |  |  |  |

#### Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                                | Case 17 01100 B0   | Document  | Page 18 of 66  | 200 Main  |
|--------------------------------|--|---|--|---|
| Fill in                        | this information to identify your cas  |   |  |   |
| Debto                          | r 1 Theresa D. Morgan  |   |  |   |
| 20210                          | First Name   | Middle Name   | Last Name  |   |
| Debto                          |  |   |  |   |
| (Spouse                        | e if, filing) First Name   | Middle Name   | Last Name  |   |
| United                         | States Bankruptcy Court for the: N   | ORTHERN DISTRICT OF ILL   | INOIS  |   |
| Case                           | number   |   |  |   |
| (if know                       |  |   |  | Check if this is an                                   |
|                                |  |   |  | amended filing  |
| Offic                          | ial Form 106E/F  |   |  |   |
|                                | edule E/F: Creditors Who   | Have Unsecured  | Claims   | 12/15   |
|                                |  |   | Y claims and Part 2 for creditors with NONPRIORITY   |   |
| Schedu<br>Schedu<br>left. Atta | ile G: Executory Contracts and Unexpired<br>ile D: Creditors Who Have Claims Secured | l Leases (Official Form 106G). D<br>d by Property. If more space is r | ist executory contracts on Schedule A/B: Property (O<br>to not include any creditors with partially secured cla<br>needed, copy the Part you need, fill it out, number the<br>port in a Part, do not file that Part. On the top of any a | nims that are listed in e entries in the boxes on the |
| Part 1                         | List All of Your PRIORITY Unsec  | cured Claims  |  |   |
| 1. Do                          | any creditors have priority unsecured cl   | aims against you?   |  |   |
|                                | No. Go to Part 2.  |   |  |   |
|                                | Yes.   |   |  |   |
| Part 2                         | List All of Your NONPRIORITY L   | Insecured Claims  |  |   |
| 3. Do                          | any creditors have nonpriority unsecure  | ed claims against you?  |  |   |
|                                | No. You have nothing to report in this part.   | Submit this form to the court with                                    | your other schedules.  |   |
|                                | Yes.   |   |  |   |
| un:<br>tha                     | secured claim, list the creditor separately for                                      | each claim. For each claim listed                                     | e creditor who holds each claim. If a creditor has more i, identify what type of claim it is. Do not list claims alread nave more than three nonpriority unsecured claims fill out   | y included in Part 1. If more                         |
|                                |  |   |  | Total claim   |
| 4.1                            | Advanced Radiology   | Last 4 digits of acc  | ount number  | \$362.56  |
|                                | Nonpriority Creditor's Name 615 Valley View Drive, Suite 202                         | When was the debt   | incurred?  |   |
|                                | Moline, IL 61265-6180  Number Street City State Zlp Code                             | As of the date you f  | file, the claim is: Check all that apply   |   |
|                                | Who incurred the debt? Check one.  | ,   | э, э э э э э э э э э э э э э э э э э э   |   |
|                                | Debtor 1 only  | ☐ Contingent  |  |   |
|                                | Debtor 2 only  | ☐ Unliquidated  |  |   |
|                                | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |   |
|                                | ☐ At least one of the debtors and anothe   | Type of NONPRIOR  | ITY unsecured claim:   |   |
|                                | ☐ Check if this claim is for a commun  | Student loans   |  |   |
|                                | debt   |   | ng out of a separation agreement or divorce that you did r   | not   |
|                                | Is the claim subject to offset?  | report as priority clair  |  |   |
|                                | ■ No   | ·   | or profit-sharing plans, and other similar debts   |   |
|                                | ☐ Yes  | Other. Specify  | medical  |   |
|                                |  |   |  |   |

Best Case Bankruptcy

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Case number (if know) Debtor 1 Theresa D. Morgan 4.2 \$565.68 Amazon Last 4 digits of account number 8060 Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? P.O. Box 965060 Orlando, FL 32896-5060 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other Specify misc. charges ☐ Yes 4.3 Argus MedPharmacy Last 4 digits of account number 0227 \$1,057.29 Nonpriority Creditor's Name P.O. Box 173611 When was the debt incurred? Denver, CO 80217-3611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify services ☐ Yes Barclays Bank Delaware Last 4 digits of account number \$4,818.00 4.4 Nonpriority Creditor's Name When was the debt incurred? 125 South West Street Wilmington, DE 19801 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other Specify misc. charges ☐ Yes

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| r 1 Theresa D. Morgan   | Case number (if know)   |            |
|---|---|------------|
| Blitt & Gaines PC  Nonpriority Creditor's Name  | Last 4 digits of account number   | \$5,374.99 |
| 661 Glenn Ave<br>Wheeling, IL 60090-6017  | When was the debt incurred?   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                              | As of the date you file, the claim is: Check all that apply   |            |
| ■ Debtor 1 only   | ☐ Contingent  |            |
| Debtor 2 only   | ☐ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community  | ☐ Student loans   |            |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
| ☐ Yes   | ■ Other. Specify Collections for Midland Funding LLC, JC Penney, and other misc. accounts                         |            |
| Business Revenue Systems, Inc. Nonpriority Creditor's Name  | Last 4 digits of account number 0159  | \$41.31    |
| P.O. Box 13077  | When was the debt incurred?   |            |
| Des Moines, IA 50310-0077   |   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                              | As of the date you file, the claim is: Check all that apply   |            |
|   | П   |            |
| Debtor 1 only   | ☐ Contingent  |            |
| Debtor 2 only   | ☐ Unliquidated  |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
| At least one of the debtors and another   | Student loans   |            |
| ☐ Check if this claim is for a community debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |            |
| Is the claim subject to offset?   | report as priority claims   |            |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| Yes   | Collections for Advanced Radiology SC, and other misc. accounts   |            |
| CAC Financial Corp  | Last 4 digits of account number   | \$3,262.82 |
| Nonpriority Creditor's Name<br>2601 NW Expressway Suite 1000 East<br>Oklahoma City, OK 73112-7236 | When was the debt incurred?   |            |
| Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.   |   |            |
| Debtor 1 only   | ☐ Contingent  |            |
| Debtor 2 only   | ☐ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
| $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
| Check if this claim is for a community  | ☐ Student loans   |            |
| debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| Yes   | collections for Sam's Club, and other misc.  Other. Specify accounts  |            |

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| DCDIO    | Theresa D. Morgan  | Odoc Humber (II know)   |            |
|----------|--|---|------------|
| 4.8      | Capital Management Services Nonpriority Creditor's Name              | Last 4 digits of account number   | \$1,785.11 |
|          | 698 1/2 South Ogden Street<br>Buffalo, NY 14206-2317                 | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                 |            |
|          | Is the claim subject to offset?                                      | report as priority claims   |            |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  | collections for Citibank, and other misc.  Other. Specify accounts                                      |            |
|          | <b>—</b> 163   | accounts  |            |
|          | 0. 11.0  |   | 00.040.54  |
| 4.9      | Capital One Nonpriority Creditor's Name                              | Last 4 digits of account number 592   | \$3,218.54 |
|          | P.O. Box 30285   | When was the debt incurred?   |            |
|          | Salt Lake City, UT 84130-0285  |   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | _  | -   |            |
|          | Debtor 1 only  | Contingent  |            |
|          | Debtor 2 only  | Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | Disputed  |            |
|          | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community debt                        | Student loans   |            |
|          | Is the claim subject to offset?                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |            |
|          | Yes  | ■ Other. Specify misc. charges  |            |
|          | 33   | Office: Specify   |            |
| 4.4      |  |   |            |
| 4.1<br>0 | Care Credit  | Last 4 digits of account number 6488  | \$2,781.56 |
|          | Nonpriority Creditor's Name<br>c/o Synchrony Bank                    | When was the debt incurred?   |            |
|          | P.O. Box 965061<br>Orlando, FL 32896-5081                            |   |            |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt   | lacktriangle Obligations arising out of a separation agreement or divorce that you did not              |            |
|          | Is the claim subject to offset?                                      | report as priority claims   |            |
|          | No   | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes  | ■ Other. Specify misc. charges  |            |

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Debtor 1 Theresa D. Morgan Case number (if know) 4.1 Carson Smithfield LLC \$2,322.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 9216 When was the debt incurred? Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts collections for Merrick Bank Corporation, and ☐ Yes Other. Specify other misc. accounts 4.1 Cavalry Portfolio Services \$2,819.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 500 Summit Lake Dr Suite 400 Valhalla, NY 10595-2321 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts collections for Synchrony Bank, and other ☐ Yes Other. Specify misc. accounts 4.1 **CGH Medical Center** 4495 \$362.00 Last 4 digits of account number Nonpriority Creditor's Name 101 E. Miller Road When was the debt incurred? Sterling, IL 61081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical

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| Debt     | or 1 Theresa D. Morgan   | Case number (if know)   |            |
|----------|--|---|------------|
| 4.1<br>4 | Chase Credit Cards/Bank One  | Last 4 digits of account number 8815  | \$651.62   |
|          | Nonpriority Creditor's Name P. O. Box 15298                          | When was the debt incurred?   |            |
|          | Wilmington, DE 19850-5298  Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    | As of the date you me, the claim is. Oneon an that apply  |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes  | ■ Other. Specify misc. charges  |            |
| 4.1      | Citi Cards   | Last 4 digits of account number 3740  | \$1,752.95 |
|          | Nonpriority Creditor's Name  | <del></del>   |            |
|          | P.O. Box 6500  | When was the debt incurred?   |            |
|          | Sioux Falls, SD 57117  Number Street City State Zlp Code             | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    | ,   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes  | Other. Specify misc. charges  |            |
| 4.1      | Client Services Inc  | Last 4 digits of account number   | \$2,154.97 |
| b        | Nonpriority Creditor's Name  |   | Ψ2,101101  |
|          | 3451 Harry S. Truman Blvd.<br>St. Charles, MO 63301                  | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |            |
|          | Is the claim subject to offset?                                      | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |            |
|          | ■ No   |   |            |
|          | □Yes   | collection for Chase Bank, and other misc.  Other. Specify accounts                                       |            |

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| Jebt     | or 1 Theresa D. Morgan   | Case number (if know)  |                                       |
|----------|--|--|---------------------------------------|
| .1       | Credence Resource Management LLC   | Last 4 digits of account number 7525   | \$295.65                              |
|          | Nonpriority Creditor's Name<br>17000 Dallas Parkway, Suite 204                         | When was the debt incurred?  |                                       |
|          | Dallas, TX 75248  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |                                       |
|          | _  |  |                                       |
|          | Debtor 1 only  | ☐ Contingent   |                                       |
|          | Debtor 2 only  | ☐ Unliquidated   |                                       |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed   |                                       |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans  |                                       |
|          | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not  |                                       |
|          | Is the claim subject to offset?  | report as priority claims  |                                       |
|          | ■ No □ Yes   | ☐ Debts to pension or profit-sharing plans, and other similar debts  collections for AT&T Uverse, and other misc.  accounts  |                                       |
| 1.1<br>3 | Credit One Bank  | Last 4 digits of account number 0409   | \$2,037.20                            |
|          | Nonpriority Creditor's Name P.O. Box 98873 Las Vegas, NV 89193                         | When was the debt incurred?  |                                       |
|          | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |                                       |
|          | Who incurred the debt? Check one.  |  |                                       |
|          | Debtor 1 only  | ☐ Contingent   |                                       |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |                                       |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                       |
|          | $\square$ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |                                       |
|          | $\square$ Check if this claim is for a community                                       | ☐ Student loans  |                                       |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                                       |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                                       |
|          | Yes  | ■ Other. Specifymisc. charges  |                                       |
| .1       | Credit One Bank  | Last 4 digits of account number 7963   | \$530.07                              |
| <u>'</u> | Nonpriority Creditor's Name<br>P.O. Box 98873  | When was the debt incurred?  | · · · · · · · · · · · · · · · · · · · |
|          | Las Vegas, NV 89193  | A control of the state of the s |                                       |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply  |                                       |
|          | Debtor 1 only  | ☐ Contingent   |                                       |
|          | Debtor 2 only  | ☐ Unliquidated   |                                       |
|          | Debtor 1 and Debtor 2 only   |  |                                       |
|          |  | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |                                       |
|          | ☐ At least one of the debtors and another☐ Check if this claim is for a community      | ☐ Student loans  |                                       |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                                       |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |                                       |
|          | □ Yes  | ■ Other. Specify misc. charges   |                                       |
|          |  | — Outer, openity ·····   |                                       |

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|          | Theresa D. Morgan  |   |            |
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| 4.2<br>0 | Dept. of Ed/Navient  | Last 4 digits of account number   | \$9,627.34 |
|          | Nonpriority Creditor's Name P.O. Box 9635 Wilkes Barre, PA 18773 | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code                                | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                | П   |            |
|          | Debtor 1 only  | Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only                                       | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|          | At least one of the debtors and another                          |   |            |
|          | Check if this claim is for a community                           | Student loans   |            |
|          | debt Is the claim subject to offset?                             | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|          | Yes  | Other. Specify  |            |
|          |  | student loan  |            |
| 4.2<br>1 | Diversified Consultants Inc                                      | Last 4 digits of account number   | \$296.00   |
|          | Nonpriority Creditor's Name P.O. Box 1391                        | When was the debt incurred?   |            |
|          | Southgate, MI 48195-0391  Number Street City State Zlp Code      | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                | The of the date year me, the stannie. One of an trial apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only                                       | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another                        | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                         | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?                             | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  | collections for AT&T, and other misc.  Other. Specify accounts  |            |
|          |  |   |            |
| 4.2<br>2 | Enhanced Recovery Corp   | Last 4 digits of account number   | \$4,818.99 |
|          | Nonpriority Creditor's Name<br>8014 Bayberry Rd                  | When was the debt incurred?   |            |
|          | Jacksonville, FL 32256-7412                                      |   |            |
|          | Number Street City State Zlp Code                                | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only                                       | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                         | Student loans   |            |
|          | debt Is the claim subject to offset?                             | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
|          | ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | — 110  | _ collections for Barclays Bank Delaware, and   |            |
|          | ☐ Yes  | Other. Specify other misc. accounts   |            |

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| DCDI     | Theresa D. Morgan                                       | - Case Humber (il know)   |            |  |  |  |  |  |
|----------|---|---|------------|--|--|--|--|--|
| 4.2      | Financial Adjustment Bureau Inc.                        | Last 4 digits of account number   | \$181.70   |  |  |  |  |  |
|          | Nonpriority Creditor's Name P.O. Box 276                |   |            |  |  |  |  |  |
|          | 612 Jefferson   |   |            |  |  |  |  |  |
|          | Burlington, IA 52601  Number Street City State Zlp Code | As of the date you file the claim is: Check all that anniv  |            |  |  |  |  |  |
|          |   | Number Street City State ZIp Code  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one. |            |  |  |  |  |  |
|          | _   |   |            |  |  |  |  |  |
|          | ■ Debtor 1 only □ Contingent                            |   |            |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                              | Disputed  |            |  |  |  |  |  |
|          | At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community debt           | ☐ Student loans   |            |  |  |  |  |  |
|          | Is the claim subject to offset?                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |            |  |  |  |  |  |
|          | No  | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |  |  |
|          | Yes   | ■ Other Specify other misc. accounts  |            |  |  |  |  |  |
| 4.2      | First Savings Credit Card                               | Last 4 digits of account number 7704  | \$527.49   |  |  |  |  |  |
| 4        | Nonpriority Creditor's Name                             | Last 4 digits of account number //U4  | φ327.49    |  |  |  |  |  |
|          | P.O. Box 5019   | When was the debt incurred?   |            |  |  |  |  |  |
|          | Sioux Falls, SD 57117-5019                              |   |            |  |  |  |  |  |
|          | Number Street City State Zlp Code                       | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |  |
|          | Who incurred the debt? Check one.                       | _   |            |  |  |  |  |  |
|          | Debtor 1 only   | Contingent  |            |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                              | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |  |
|          | At least one of the debtors and another                 |   |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community                | Student loans   |            |  |  |  |  |  |
|          | debt Is the claim subject to offset?                    | Obligations arising out of a separation agreement or divorce that you did not   |            |  |  |  |  |  |
|          | -   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts                                    |            |  |  |  |  |  |
|          | ■ No  |   |            |  |  |  |  |  |
|          | Yes   | ■ Other. Specify misc. charges  |            |  |  |  |  |  |
| 4.2<br>5 | Furniture Row Express Card                              | Last 4 digits of account number 0278  | \$1,228.03 |  |  |  |  |  |
|          | Nonpriority Creditor's Name                             |   |            |  |  |  |  |  |
|          | c/o Capital One Bank<br>P.O. Box 30253                  | When was the debt incurred?   |            |  |  |  |  |  |
|          | Salt Lake City, UT 84130-0235                           |   |            |  |  |  |  |  |
|          | Number Street City State Zlp Code                       | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |  |
|          | Who incurred the debt? Check one.                       |   |            |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                            | Disputed  |            |  |  |  |  |  |
|          | ☐ At least one of the debtors and another               |   |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community                | ☐ Student loans   |            |  |  |  |  |  |
|          | debt Is the claim subject to offset?                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |            |  |  |  |  |  |
|          | ■ No  |   |            |  |  |  |  |  |
|          | ☐ Yes   | ■ Other Specify misc. charges   |            |  |  |  |  |  |
|          | — · •••   | — Outer, Specify 3  |            |  |  |  |  |  |

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| Debu     | I neresa D. Morgan   | Case number (if know)  |            |
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| 4.2<br>6 | Gastrointestinal Clinic  | Last 4 digits of account number 1412   | \$281.45   |
|          | Nonpriority Creditor's Name 5041 Utica Eidge Road  | When was the debt incurred?  |            |
|          | Davenport, IA 52807-3480  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
|          | Debtor 1 only  | ☐ Contingent   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | □Yes   | ■ Other. Specify medical   |            |
| 4.2<br>7 | General Services Bureau Inc.   | Last 4 digits of account number 9271   | \$473.00   |
|          | Nonpriority Creditor's Name<br>5807 N. 102nd Street<br>Omaha, NE 68134-1051                    | When was the debt incurred?  |            |
|          | Number Street City State ZIp Code  | As of the date you file, the claim is: Check all that apply  |            |
|          | Who incurred the debt? Check one.  |  |            |
|          | Debtor 1 only  | ☐ Contingent   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |            |
|          | debt Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | ☐ Yes  | ■ Other. Specify Collections for Robert Young Center, and other misc. accounts   |            |
| 4.2      | Genesis Medial Center  | Last 4 digits of account number  | \$1.317.82 |
| 8        | Nonpriority Creditor's Name  |  | Ψ.,σσ_     |
|          | P.O. Box 739   | When was the debt incurred?  |            |
|          | Moline, IL 61266-0739  Number Street City State Zlp Code                                       | As of the date you file the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |            |
|          | Debtor 1 and Debtor 2 only   |  |            |
|          | ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |            |
|          | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not  |            |
|          | Is the claim subject to offset?  | report as priority claims  |            |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | □Yes   | ■ Other. Specify medical   |            |

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| DCDIC | Theresa D. Morgan  | Odde Humber (II know)   |          |
|-------|--|---|----------|
| 4.2   | GI Pathology   | Last 4 digits of account number 6311  | \$60.00  |
|       | Nonpriority Creditor's Name P.O. Box 1000, Dept 461  | When was the debt incurred?   |          |
|       | Memphis, TN 38148-0001  Number Street City State Zlp Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply   |          |
|       | ■ Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|       | debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | Yes  | ■ Other. Specify medical  |          |
| 4.3   | Gordmans   | Last 4 digits of account number 6159  | \$300.00 |
|       | Nonpriority Creditor's Name<br>c/o Comenity Bank Bankruptcy Dept<br>P.O. Box 182125<br>Columbus, OH 43218-2125 | When was the debt incurred?   |          |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |          |
|       | Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only   | Disputed  |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|       | debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | Yes  | ■ Other. Specify _misc. charges   |          |
| 4.3   | I.C. Systems Inc   | Last 4 digits of account number 2777  | \$282.82 |
|       | Nonpriority Creditor's Name<br>444 East Highway 96<br>P.O. Box 64437   | When was the debt incurred?   |          |
|       | Saint Paul, MN 55164-0437  Number Street City State Zlp Code  Who incurred the debt? Check one.                | As of the date you file, the claim is: Check all that apply   |          |
|       | Debtor 1 only  | ☐ Contingent  |          |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|       | $\square$ Check if this claim is for a community   | ☐ Student loans   |          |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |          |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | □Yes   | collections for ATT Mobilityand other misc.  Other. Specify accounts  |          |

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| DCDIO    | Theresa D. Morgan   | Odde Hullipel (II know)   |             |  |  |  |
|----------|---|---|-------------|--|--|--|
| 4.3      | IL Student Assistance Commission  | Last 4 digits of account number   | \$11,850.00 |  |  |  |
|          | Nonpriority Creditor's Name<br>1755 Lake Cook Road  | When was the debt incurred?   |             |  |  |  |
|          | Deerfield, IL 60015  Number Street City State Zlp Code  Who incurred the debt? Check one. |   |             |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |             |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |             |  |  |  |
|          | Debtor 1 and Debtor 2 only  | □ Disputed  |             |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans   |             |  |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
|          | ☐ Yes   | Other. Specify  |             |  |  |  |
|          |   | student loan  |             |  |  |  |
| 4.3      | JC Penney   | Last 4 digits of account number 1501  | \$3,302.39  |  |  |  |
|          | Nonpriority Creditor's Name   | When was the debt incurred?   |             |  |  |  |
|          | c/o Synchrony Bank<br>P.O. Box 965008   | when was the debt incurred?   |             |  |  |  |
|          | Orlando, FL 32896-5008  |   |             |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
|          | Who incurred the debt? Check one.   |   |             |  |  |  |
|          | ■ Debtor 1 only □ Contingent  |   |             |  |  |  |
|          | □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed                    |   |             |  |  |  |
|          |   |   |             |  |  |  |
|          | ☐ At least one of the debtors and another   | least one of the debtors and another  Type of NONPRIORITY unsecured claim:                                |             |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |             |  |  |  |
|          | debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |             |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims   |             |  |  |  |
|          | No  | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |
|          | ☐ Yes   | Other. Specify misc. charges  |             |  |  |  |
| 1        |   |   |             |  |  |  |
| 4.3<br>4 | Juniper Bank  | Last 4 digits of account number 5343  | \$4,818.99  |  |  |  |
|          | Nonpriority Creditor's Name   | <del></del>   |             |  |  |  |
|          | P.O. Box 8801   | When was the debt incurred?   |             |  |  |  |
|          | Wilmington, DE 19899-8801  Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
|          | Who incurred the debt? Check one.   |   |             |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |             |  |  |  |
|          | Debtor 2 only   | □ Unliquidated  |             |  |  |  |
|          | Debtor 1 and Debtor 2 only  |   |             |  |  |  |
|          | ☐ At least one of the debtors and another   | - (101)   |             |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |             |  |  |  |
|          | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |             |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims   |             |  |  |  |
|          | ■ No □ Debts to pension or profit-sharing plans, and other similar debts                  |   |             |  |  |  |
|          | ☐ Yes ☐ Other. Specify _misc. charges   |   |             |  |  |  |
|          |   |   |             |  |  |  |

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| Debto                         | or 1 Theresa D. Morgan   | Case number (if know)  |            |
|-------------------------------|--|--|------------|
| 4.3 LTD Financial Services LP |  | Last 4 digits of account number  | \$527.00   |
|                               | Nonpriority Creditor's Name<br>7322 SW Freeway Suite 1600<br>Houston, TX 77074 | When was the debt incurred?  |            |
|                               | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |            |
|                               | Who incurred the debt? Check one.  |  |            |
|                               | ■ Debtor 1 only  | ☐ Contingent   |            |
|                               | ☐ Debtor 2 only  | ☐ Unliquidated   |            |
|                               | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|                               | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |            |
|                               | ☐ Check if this claim is for a community                                       | ☐ Student loans  |            |
|                               | debt<br>Is the claim subject to offset?  | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|                               | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |
|                               | □Yes   | ■ Other. Specify collections for First Savings Credit, and other misc. accounts  |            |
| 4.3                           | Merrick Bank   | Last 4 digits of account number 4232   | \$2,223.48 |
|                               | Nonpriority Creditor's Name  |  | ·          |
|                               | P.O. Box 9201  | When was the debt incurred?  |            |
|                               | Old Bethpage, NY 11804  Number Street City State Zlp Code                      | As of the date you file, the claim is: Check all that apply  |            |
|                               | Who incurred the debt? Check one.  | ,  |            |
|                               | Debtor 1 only  | ☐ Contingent   |            |
|                               | Debtor 2 only  | ☐ Unliquidated   |            |
|                               | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|                               | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |            |
|                               | ☐ Check if this claim is for a community                                       | ☐ Student loans  |            |
|                               | debt Is the claim subject to offset?   | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims    |            |
|                               | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |
|                               | Yes  | ■ Other. Specify misc. charges   |            |
| 4.3                           | Metropolitan Medical Laboratory  | Last 4 digits of account number  | \$29.26    |
|                               | Nonpriority Creditor's Name<br>1814 E. Locust Street                           | When was the debt incurred?  |            |
|                               | Davenport, IA 52803  Number Street City State Zlp Code                         | As of the date you file, the claim is: Check all that apply  |            |
|                               | Who incurred the debt? Check one.  |  |            |
|                               | ■ Debtor 1 only  | ☐ Contingent   |            |
|                               | Debtor 2 only  | □ Unliquidated   |            |
|                               | Debtor 1 and Debtor 2 only   | □ Disputed   |            |
|                               | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |            |
|                               | ☐ Check if this claim is for a community debt                                  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                          |            |
|                               | Is the claim subject to offset?  | report as priority claims  |            |
|                               | No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts   |            |
|                               | ☐ Yes  | ■ Other, Specify medical   |            |

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Debtor 1 Theresa D. Morgan Case number (if know) 4.3 Midland Credit Management \$861.25 Last 4 digits of account number 8 Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 When was the debt incurred? San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts collections for Credit One Bank, N.A., ☐ Yes ■ Other. Specify Sychrony Bank, and other misc. accounts 4.3 Monarch Recovery Management \$3,162.82 Last 4 digits of account number 9 Nonpriority Creditor's Name 10965 Decatur Road When was the debt incurred? Philadelphia, PA 19154-3210 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts collections for Synchrony Bank, and other ☐ Yes Other. Specify misc. accounts 4.4 MRS Associates of NJ \$1,954.97 8931 Last 4 digits of account number 0 Nonpriority Creditor's Name 1930 Olney Ave When was the debt incurred? Cherry Hill, NJ 08003 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts collections for Chase Bank USA, and other ☐ Yes Other. Specify misc. accounts

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| Debte    | or 1 Theresa D. Morgan   | Case number (if know)  |             |
|----------|--|--|-------------|
| 4.4<br>1 | Old Navy   | Last 4 digits of account number 2648   | \$245.98    |
|          | Nonpriority Creditor's Name<br>c/o Synchrony Bank<br>P.O. Box 965008                         | When was the debt incurred?  |             |
|          | Orlando, FL 32896-5008  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |             |
|          | debt<br>Is the claim subject to offset?  | $\hfill\square$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | Yes  | ■ Other. Specify misc. charges   |             |
| 4.4<br>2 | Pioneer Credit Recovery Inc.   | Last 4 digits of account number  | \$11,887.19 |
|          | Nonpriority Creditor's Name P.O. Box 310 Perry, NY 14530                                     | When was the debt incurred?  |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply  |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |             |
|          | debt Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | □Yes   | ■ Other. Specify collections for Illinois Student Assistance Commission, and other misc. accounts                          |             |
| 4.4      | Portfolio Recovery Associates DONT   | Last 4 digits of account number  | \$601.00    |
|          | Nonpriority Creditor's Name<br>120 Corporate Boulevard<br>Norfolk, VA 23502                  | When was the debt incurred?  |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply  |             |
|          | Debtor 1 only  | ☐ Contingent   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not  |             |
|          | ■ No   | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                               |             |
|          | — INO  | _ collections for Synchrony Bank, and other  |             |
|          | ☐ Yes  | Other. Specify misc. accounts  |             |

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| Debt     | or i Ineresa D. Morgan   | Case number (if know)   |          |
|----------|--|---|----------|
| 4.4<br>4 | Professional Placement Services  | Last 4 digits of account number 8137  | \$253.99 |
|          | Nonpriority Creditor's Name P.O. Box 612   | When was the debt incurred?   |          |
|          | Milwaukee, WI 53201-0612  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|          | Debtor 1 only  | ☐ Contingent  |          |
|          | Debtor 2 only  | ☐ Unliquidated  |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|          | Yes  | ■ Other. Specify collections for Kohls, and other misc. accounts  |          |
| 4.4<br>5 | Quad City Endoscopy LLC  | Last 4 digits of account number   | \$608.13 |
|          | Nonpriority Creditor's Name<br>4340 - 7th Street<br>Moline, IL 61265-6867                      | When was the debt incurred?   |          |
|          | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
|          | Who incurred the debt? Check one.  |   |          |
|          | ■ Debtor 1 only  | ☐ Contingent  |          |
|          | Debtor 2 only  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | Yes  | ■ Other. Specify medical  |          |
| 4.4<br>6 | Quad Corporation   | Last 4 digits of account number 4500  | \$317.80 |
|          | Nonpriority Creditor's Name P.O. Box 2020  | When was the debt incurred?   |          |
|          | Davenport, IA 52809-2020  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|          | ■ Debtor 1 only  | ☐ Contingent  |          |
|          | Debtor 2 only  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|          | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |          |
|          | Is the claim subject to offset?  | report as priority claims   |          |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | Yes  | collections for Genesis Medical Center SILV  Other. Specify IS, and other misc. accounts                  |          |

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| Debi     | or i Ineresa D. Morgan   | Case number (if know)   |            |
|----------|--|---|------------|
| 4.4<br>7 | RGS Collections Inc.   | Last 4 digits of account number   | \$527.39   |
| •        | Nonpriority Creditor's Name<br>1700 Jay Eli Drive, Suite 200                               | When was the debt incurred?   |            |
|          | Richardson, TX 75081  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes  | Collections for First Savings Credit Card, and other misc. accounts                                       |            |
| 4.4<br>8 | Slate from Chase  Nonpriority Creditor's Name  | Last 4 digits of account number   | \$1,803.00 |
|          | P.O. Box 15299<br>Wilmington, DE 19850-5299  | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.  |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | Check if this claim is for a community   | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|          | ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  |   |            |
|          | ☐ Yes  | ■ Other. Specify misc. charges  |            |
| 4.4      |  |   |            |
| 9        | Unity Point Health   | Last 4 digits of account number 2222  | \$621.14   |
|          | Nonpriority Creditor's Name<br>P.O. Box 5078   | When was the debt incurred?   |            |
|          | Rock Island, IL 61204-5078   |   |            |
|          | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.  |   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | Check if this claim is for a community   | Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          |  |   |            |
|          | □ Yes  | ■ Other. Specify medical  |            |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Theresa D. Morgan   |                                 | Case number (if know)  |
|--|---------------------------------|--|
| Department of Education/Navient<br>P.O. Box 740351<br>Atlanta, GA 30374-0351 | Line 4.20 of (Check one):       | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
|  | Last 4 digits of account number | er   |
| Name and Address   | On which entry in Part 1 or Pa  | rt 2 did you list the original creditor?   |
| Midland Credit Management Inc.   | Line 4.38 of (Check one):       | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| P.O. Box 2011<br>Warren, MI 48090  |                                 | Part 2: Creditors with Nonpriority Unsecured Claims  |
| vvallen, ivii 40090  | Last 4 digits of account number | er   |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     | <br>             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|              |     |   |     | Total Claim      |
|              | 6f. | Student loans   | 6f. | \$<br>21,477.34  |
| Total claims |     |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>79,706.40  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>101,183.74 |

|   |   | IAAAIII           |             |  |  |  |  |
|---|---|-------------------|-------------|--|--|--|--|
| Fill in this infor                      | Fill in this information to identify your case: |                   |             |  |  |  |  |
| Debtor 1                                | Theresa D. Morga                                | n                 |             |  |  |  |  |
|   | First Name                                      | Middle Name       | Last Name   |  |  |  |  |
| Debtor 2                                |   |                   |             |  |  |  |  |
| (Spouse if, filing)                     | First Name                                      | Middle Name       | Last Name   |  |  |  |  |
| United States Bankruptcy Court for the: |   | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |  |
| Case number                             |   |                   |             |  |  |  |  |
| (II KNOWN)                              |   |                   |             |  |  |  |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.2 | J.1,      |              |   |                   |   |
| 2.2 | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.3 | •         |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | <del>_</del>                            |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 | •         |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del></del>                             |
|     |           |              |   |                   |   |

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|                                |  | Docume  | ent Page 37 (             | or bb                                  |  |
|--------------------------------|--|---|---------------------------|--|--|
| Fill in this                   | information to identify your   |   |                           |  |  |
| Debtor 1                       | Theresa D. Morga   | ın  |                           |  |  |
|                                | First Name   | Middle Name   | Last Name                 |  |  |
| Debtor 2<br>(Spouse if, filing | g) First Name  | Middle Name   | Last Name                 |  |  |
| United State                   | es Bankruptcy Court for the:   | NORTHERN DISTRICT                                     | OF ILLINOIS               |  |  |
|                                | , ,  | -   |                           |  |  |
| Case numb<br>(if known)        | per  |   |                           |  | ☐ Check if this is an  |
|                                |  |   |                           |  | amended filing   |
| Official                       | Form 106H  |   |                           |  |  |
|                                | ule H: Your Cod  | ahtors  |                           |  | 40/45  |
| Scried                         | ule n. Toul Cou  | EDIOIS  |                           |  | 12/15  |
| ill it out, an<br>our name     |  | boxes on the left. Attach<br>). Answer every question | n the Additional Page :   | to this page. On the to                | needed, copy the Additional Page,<br>p of any Additional Pages, write  |
| - I. DO y                      | ou have any codebiors: (ii   | you are ming a joint case,                            | do not list either spouse | as a codebior.                         |  |
| ■ No<br>□ Yes                  |  |   |                           |  |  |
| Arizona<br>                    | nin the last 8 years, have you<br>a, California, Idaho, Louisiana<br>Go to line 3. |   |                           |  | ty states and territories include<br>)   |
|                                | . Did your spouse, former spo  | use, or legal equivalent live                         | e with you at the time?   |  |  |
|                                |  |   |                           |  |  |
| in line<br>Form 1              | 2 again as a codebtor only   | if that person is a guaran                            | tor or cosigner. Make     | sure you have listed t                 | ng with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                | Column 1: Your codebtor<br>lame, Number, Street, City, State and Z                 | IP Code   |                           | Column 2: The cru<br>Check all schedul | editor to whom you owe the debt es that apply:   |
| 3.1                            |  |   |                           | ☐ Schedule D, lir                      | ne   |
|                                | Name   |   |                           | ☐ Schedule E/F,                        |  |
|                                |  |   |                           | ☐ Schedule G, lir                      | ne   |
|                                | Number Street  |   |                           | <u>—</u>                               |  |
| C                              | City   | State   | ZIP Code                  |  |  |
| 3.2                            |  |   |                           | ☐ Schedule D, lir                      | 200  |
|                                | Name   |   |                           | Schedule E/F,                          |  |
|                                |  |   |                           | ☐ Schedule G, lir                      |  |
| <u> </u>                       | Number Street  |   |                           | _                                      |  |
|                                | City   | State   | ZIP Code                  |  |  |

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| Sill                  | in this information to identify your c  | 2200  |  |                        |                | 1   |                           |                                  |                 |
|-----------------------|---|---|--|------------------------|----------------|---|---------------------------|----------------------------------|-----------------|
|                       | otor 1 Theresa D. I   |   |  |                        |                |   |                           |                                  |                 |
|                       | otor 2 use, if filing)  |   |  |                        |                |   |                           |                                  |                 |
| Uni                   | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC   | CT OF ILLINOIS                             |                        | _              |   |                           |                                  |                 |
|                       | se number<br>own)   |   |  |                        |                | Check if this is  An amende  A supplem  13 income | ed filing<br>ent showing  | g postpetition<br>ollowing date: |                 |
| <u>O</u> 1            | fficial Form 106I   |   |  |                        |                | MM / DD/ \  | YYYY                      |                                  |                 |
|                       | chedule I: Your Inc   |   |  |                        |                |   |                           |                                  | 12/15           |
| supį<br>spoi<br>attad | is complete and accurate as posiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filli<br>ur spouse is not filing wi<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i<br>ude inforr | s liv<br>natio | ing with you, incl<br>on about your sp            | ude inforn<br>ouse. If mo | nation about<br>ore space is     | your<br>needed, |
| 1.                    | Fill in your employment information.  |   | Debtor 1                                   |                        |                | Debtor 2  | 2 or non-fi               | ling spouse                      |                 |
|                       | If you have more than one job,  | Employment status   | ☐ Employed                                 |                        |                | ☐ Empl  | oyed                      |                                  |                 |
|                       | attach a separate page with information about additional employers.   | Occupation  | ■ Not employed                             |                        |                | ☐ Not e   | mployed                   |                                  |                 |
|                       | Include part-time, seasonal, or self-employed work.   | Employer's name   |  |                        |                |   |                           |                                  |                 |
|                       | Occupation may include student or homemaker, if it applies.   | Employer's address  |  |                        |                |   |                           |                                  |                 |
|                       |   | How long employed to  | here?                                      |                        |                |   |                           |                                  |                 |
| Par                   | Give Details About Mo   | nthly Income  |  |                        |                |   |                           |                                  |                 |
|                       | mate monthly income as of the duse unless you are separated.  | late you file this form. If   | you have nothing to I                      | report for             | any            | line, write \$0 in the                            | space. Inc                | clude your noi                   | n-filing        |
| -                     | u or your non-filing spouse have messpace, attach a separate sheet to   |   | ombine the information                     | on for all e           | mplo           | oyers for that perso                              | on on the li              | nes below. If                    | you need        |
|                       |   |   |  |                        |                | For Debtor 1                                      |                           | btor 2 or<br>ng spouse           |                 |
| 2.                    | List monthly gross wages, sala deductions). If not paid monthly,  |   |  | 2.                     | \$             | 0.00  | \$                        | N/A                              |                 |
| 3.                    | Estimate and list monthly over  | time pay.   |  | 3.                     | +\$            | 0.00  | +\$                       | N/A                              |                 |
| 4.                    | Calculate gross Income. Add li  | ne 2 + line 3.  |  | 4.                     | \$             | 0.00  | \$                        | N/A                              |                 |

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| Deb | tor 1         | Theresa D. Morgan  | _          | Case r      | number ( <i>if known</i> ) | _    |            |            |       |
|-----|---------------|--|------------|-------------|----------------------------|------|------------|------------|-------|
|     |               |  |            | For         | Debtor 1                   |      | For Debtor |            |       |
|     | Cop           | y line 4 here  | 4.         | \$          | 0.00                       |      |            | N/A        |       |
| 5.  | l ist         | all payroll deductions:  |            |             |                            |      |            |            |       |
| 0.  | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.        | \$          | 0.00                       | 9    | à          | N/A        |       |
|     | 5b.           | Mandatory contributions for retirement plans   | 5a.<br>5b. | <b>\$</b> — | 0.00                       | _    |            | N/A        |       |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c.        | \$          | 0.00                       | - :  |            | N/A        |       |
|     | 5d.           | Required repayments of retirement fund loans   | 5d.        | \$<br>      | 0.00                       | _ '  | ·          | N/A        |       |
|     | 5e.           | Insurance  | 5e.        | \$          | 0.00                       | _ `  |            | N/A        |       |
|     | 5f.           | Domestic support obligations   | 5f.        | \$          | 0.00                       | _ '  |            | N/A        |       |
|     | 5g.           | Union dues   | 5g.        | \$_         | 0.00                       | - 1  | ·          | N/A        |       |
|     | 5h.           | Other deductions. Specify:   | 5h.+       | · : —       | 0.00                       | _ '  | ·          | N/A        |       |
| 6.  |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$<br>      | 0.00                       | -    |            | N/A        |       |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$<br>      | 0.00                       | - '  | ·          | N/A        |       |
|     |               | ·  | ٠.         | Ψ           | 0.00                       | - 1  | ,          | IN/A       |       |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            | 0.0        | ¢.          | 0.00                       | ď    |            | N1/A       |       |
|     | O.L           | monthly net income.  | 8a.        | \$_         | 0.00                       |      |            | N/A        |       |
|     | 8b.           | Interest and dividends   | 8b.        | \$          | 0.00                       | - 9  | ·          | N/A        |       |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$          | 0.00                       | 9    | 6          | N/A        |       |
|     | 8d.           | Unemployment compensation  | 8d.        | \$          | 0.00                       | _    | <u> </u>   | N/A        |       |
|     | 8e.           | Social Security  | 8e.        | \$          | 0.00                       | _    | 3          | N/A        |       |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e<br>8f.   | \$          | 0.00                       |      | 6          | N/A        |       |
|     | 8g.           | Pension or retirement income   | 8g.        | \$          | 0.00                       | _    | ;          | N/A        |       |
|     | 8h.           | Other monthly income. Specify:   | 8h.+       | \$          | 0.00                       | + \$ | ;          | N/A        |       |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$          | 0.00                       | 9    | }          | N/A        |       |
| 10. | Calo          | culate monthly income. Add line 7 + line 9.  | 10. \$     |             | 0.00 + \$                  |      | N/A        | = \$       | 0.00  |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |             | - 0.00                     |      | 1477       |            | 0.00  |
| 11. | Stat<br>Inclu | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not      | depen      |             | •                          |      |            |            | 0.00  |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |            |             |                            |      |            | \$         | 0.00  |
|     |               |  |            |             |                            |      |            | Combined   |       |
| 13. | Do :          | you expect an increase or decrease within the year after you file this form No.  | ?          |             |                            |      |            | monthly ir | icome |
|     |               | Yes. Explain: Resides with boyfriend caring for a family member  |            |             |                            |      |            |            |       |

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| Fill       | in this information to identify your case:   |  |                 |                                  |                               |
|------------|--|--|-----------------|----------------------------------|-------------------------------|
| Deb        | otor 1 Theresa D. Morgan   |  | Check           | if this is:                      |                               |
| Deb        | btor 2   |  | _               | n amended filing supplement show | ing postpetition chapter      |
| (Spo       | ouse, if filing)   |  |                 | 3 expenses as of t               |                               |
| Unit       | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS   | S  | N               | MM / DD / YYYY                   |                               |
| 1          | se number  |  |                 |                                  |                               |
| (If k      | known)   |  |                 |                                  |                               |
| O          | fficial Form 106J  |  |                 |                                  |                               |
| S          | chedule J: Your Expenses   |  |                 |                                  | 12/15                         |
| Be<br>info | as complete and accurate as possible. If two married people are fi ormation. If more space is needed, attach another sheet to this formular (if known). Answer every question. |  |                 |                                  |                               |
| Par        |  |  |                 |                                  |                               |
| 1.         | Is this a joint case?  No. Go to line 2.   |  |                 |                                  |                               |
|            | ☐ Yes. Does Debtor 2 live in a separate household?   |  |                 |                                  |                               |
|            | □ No   |  |                 |                                  |                               |
|            | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for   | Separate Househo                             | old of Debto    | r 2.                             |                               |
| 2.         | Do you have dependents? ■ No   |  |                 |                                  |                               |
|            |  | Dependent's relation<br>Debtor 1 or Debtor 2 |                 | Dependent's age                  | Does dependent live with you? |
|            | Do not state the   |  |                 |                                  | □ No                          |
|            | dependents names.  |  |                 |                                  | ☐ Yes<br>☐ No                 |
|            | _  |  |                 |                                  | ☐ Yes                         |
|            |  |  |                 |                                  | □ No                          |
|            | -  |  |                 |                                  | ☐ Yes                         |
|            |  |  |                 |                                  | □ No<br>□ Yes                 |
| 3.         | Do your expenses include ■ No  |  |                 |                                  | □ res                         |
|            | expenses of people other than yourself and your dependents?  |  |                 |                                  |                               |
| Par        | rt 2: Estimate Your Ongoing Monthly Expenses   |  |                 |                                  |                               |
| exp        | timate your expenses as of your bankruptcy filing date unless you penses as of a date after the bankruptcy is filed. If this is a supplen plicable date.                       |  |                 |                                  |                               |
| the        | clude expenses paid for with non-cash government assistance if you evalue of such assistance and have included it on Schedule I: You   |  |                 | Your expe                        | nece                          |
| (Of        | fficial Form 106l.)  |  |                 | тош ехре                         | illoco                        |
| 4.         | The rental or home ownership expenses for your residence. Inclupayments and any rent for the ground or lot.  | ude first mortgage                           | 4. \$           |                                  | 0.00                          |
|            | If not included in line 4:   |  |                 |                                  |                               |
|            | 4a. Real estate taxes  |  | 4a. \$          |                                  | 0.00                          |
|            | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$          |                                  | 0.00                          |
|            | 4c. Home maintenance, repair, and upkeep expenses  |  | 4c. \$          |                                  | 0.00                          |
| 5.         | <ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as home</li> </ul>                                     | equity loans                                 | 4d. \$<br>5. \$ |                                  | 0.00                          |

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| Deb        | or 1 Theresa D. Morgan C  | ase num   | ber (if known) |                       |
|------------|---|-----------|----------------|-----------------------|
| 6.         | Utilities:  |           |                |                       |
| <b>J</b> . | 6a. Electricity, heat, natural gas  | 6a.       | \$             | 0.00                  |
|            | 6b. Water, sewer, garbage collection  | 6b.       |                | 0.00                  |
|            | 6c. Telephone, cell phone, Internet, satellite, and cable services                                    | 6c.       | ·              | 0.00                  |
|            | 6d. Other. Specify:   | 6d.       | ·              | 0.00                  |
| ,          | Food and housekeeping supplies  | _ ou. 7.  | ·              |                       |
|            |   |           | ·              | 0.00                  |
| <b>3.</b>  | Childcare and children's education costs  | 8.        | ·              | 0.00                  |
| ).         | Clothing, laundry, and dry cleaning   | 9.        | \$             | 0.00                  |
|            | Personal care products and services   | 10.       | ·              | 0.00                  |
| 1.         | Medical and dental expenses   | 11.       | \$             | 0.00                  |
| 2.         | <b>Transportation.</b> Include gas, maintenance, bus or train fare.                                   | 12.       | •              | 0.00                  |
| 2          | Do not include car payments.  |           | ·              |                       |
|            | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.       | · ·            | 0.00                  |
|            | Charitable contributions and religious donations  | 14.       | \$             | 0.00                  |
| 5.         | Insurance.  |           |                |                       |
|            | Do not include insurance deducted from your pay or included in lines 4 or 20.                         | 45-       | <b>c</b>       | 2.22                  |
|            | 15a. Life insurance   | 15a.      | ·              | 0.00                  |
|            | 15b. Health insurance   | 15b.      | ·              | 0.00                  |
|            | 15c. Vehicle insurance  | 15c.      | ·              | 0.00                  |
|            | 15d. Other insurance. Specify:  | 15d.      | \$             | 0.00                  |
| 6.         | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |           |                |                       |
|            | Specify:  | 16.       | \$             | 0.00                  |
| 7.         | Installment or lease payments:  |           |                |                       |
|            | 17a. Car payments for Vehicle 1   | 17a.      | \$             | 0.00                  |
|            | 17b. Car payments for Vehicle 2   | 17b.      | \$             | 0.00                  |
|            | 17c. Other. Specify:  | 17c.      | \$             | 0.00                  |
|            | 17d. Other. Specify:  | 17d.      | \$             | 0.00                  |
| 8.         | Your payments of alimony, maintenance, and support that you did not report as                         | _         | •              |                       |
| -          | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                       | 18.       | \$             | 0.00                  |
| 9.         | Other payments you make to support others who do not live with you.                                   |           | \$             | 0.00                  |
|            | Specify:  | 19.       |                |                       |
| 0.         | Other real property expenses not included in lines 4 or 5 of this form or on Schedu                   | ule I: Yo | our Income.    |                       |
|            | 20a. Mortgages on other property  | 20a.      |                | 0.00                  |
|            | 20b. Real estate taxes  | 20b.      | \$             | 0.00                  |
|            | 20c. Property, homeowner's, or renter's insurance   | 20c.      | ·              | 0.00                  |
|            | 20d. Maintenance, repair, and upkeep expenses   | 20d.      | ·              | 0.00                  |
|            | 20e. Homeowner's association or condominium dues  | 20e.      |                | 0.00                  |
|            |   |           | ·              |                       |
| 1.         | Other: Specify:   | 21.       | +\$            | 0.00                  |
| 2.         | Calculate your monthly expenses   |           |                |                       |
| •          | 22a. Add lines 4 through 21.  |           | \$             | 0.00                  |
|            | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                  |           | \$             |                       |
|            |   |           | ·              |                       |
|            | 22c. Add line 22a and 22b. The result is your monthly expenses.                                       |           | \$             | 0.00                  |
| 3.         | Calculate your monthly net income.  |           | I.             |                       |
|            | 23a. Copy line 12 (your combined monthly income) from Schedule I.                                     | 23a.      | \$             | 0.00                  |
|            | 23b. Copy your monthly expenses from line 22c above.  | 23b.      |                | 0.00                  |
|            | 200. Copy your morning expenses from the 220 above.   | 200.      | <b>*</b>       | 0.00                  |
|            | 23c. Subtract your monthly expenses from your monthly income.   |           |                |                       |
|            | The result is your <i>monthly net income</i> .  | 23c.      | \$             | 0.00                  |
|            |   |           | L              |                       |
| 24.        | Do you expect an increase or decrease in your expenses within the year after you                      | file this | s form?        |                       |
|            | For example, do you expect to finish paying for your car loan within the year or do you expect your m |           |                | decrease because of a |
|            | modification to the terms of your mortgage?   |           |                |                       |
|            | ■ No.   |           |                |                       |
|            | Yes. Explain here:  |           |                |                       |
|            | _ 100,  |           |                |                       |

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| Fill in this infor  | mation to identify your   | case:                     |                            |                                 |  |
|---------------------|---------------------------|---------------------------|----------------------------|---------------------------------|--|
|                     |                           |                           |                            |                                 |  |
| Debtor 1            | Theresa D. Morga          | N Middle Name             | Last Name                  |                                 |  |
| Debtor 2            |                           |                           |                            |                                 |  |
| (Spouse if, filing) | First Name                | Middle Name               | Last Name                  |                                 |  |
| United States Ba    | ankruptcy Court for the:  | NORTHERN DISTRICT         | OF ILLINOIS                |                                 |  |
| Case number         |                           |                           |                            |                                 |  |
| (if known)          |                           |                           |                            |                                 | ☐ Check if this is an                                    |
|                     |                           |                           |                            |                                 | amended filing   |
|                     |                           |                           |                            |                                 |  |
| O#: a: a!           | 100D                      |                           |                            |                                 |  |
| Official For        |                           |                           |                            |                                 |  |
| Declarat            | tion About a              | ın Individual             | Debtor's Sc                | hedules                         | 12/15  |
|                     |                           |                           |                            |                                 |  |
| If two married p    | eople are filing togethe  | r, both are equally respo | nsible for supplying cor   | rect information.               |  |
| You must file th    | is form whenever you fi   | le bankruptcy schedules   | or amended schedules       | s. Making a false statement,    | concealing property, or                                  |
| obtaining mone      | y or property by fraud in | n connection with a banl  |                            | in fines up to \$250,000, or in |  |
| years, or both. 1   | 18 U.S.C. §§ 152, 1341, 1 | 519, and 3571.            |                            |                                 |  |
|                     |                           |                           |                            |                                 |  |
| Sig                 | ın Below                  |                           |                            |                                 |  |
| Did you pa          | ay or agree to pay some   | one who is NOT an attor   | ney to help you fill out b | pankruptcy forms?               |  |
| ■ No                |                           |                           |                            |                                 |  |
| _                   |                           |                           |                            |                                 |  |
| ☐ Yes.              | Name of person            |                           |                            |                                 | Petition Preparer's Notice, ignature (Official Form 119) |
|                     |                           |                           |                            | Deciaration, and Si             | griature (Oniciai Form 119)                              |
|                     |                           |                           |                            |                                 |  |
|                     |                           | that I have read the sum  | mary and schedules file    | ed with this declaration and    |  |
| that they ar        | re true and correct.      |                           |                            |                                 |  |
| X /s/ The           | eresa D. Morgan           |                           | X                          |                                 |  |
|                     | sa D. Morgan              |                           | Signature of               | Debtor 2                        |  |
| Signatu             | re of Debtor 1            |                           |                            |                                 |  |
| Date                | May 11, 2017              |                           | Date                       |                                 |  |
| _ = = = = =         | 11105 11, 2011            |                           |                            |                                 |  |

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| Fill                | l in this inforn                                  | nation to identify you   | r case:  |   |                                     |                                    |
|---------------------|---|--|--|---|-------------------------------------|------------------------------------|
| De                  | btor 1  | Theresa D. Morg  | Middle Name  | Last Name   |                                     |                                    |
| 1 -                 | btor 2  |  |  |   |                                     |                                    |
| (Spo                | ouse if, filing)                                  | First Name   | Middle Name  | Last Name   |                                     |                                    |
| Un                  | ited States Bar                                   | nkruptcy Court for the:  | NORTHERN DISTRICT C  | OF ILLINOIS   |                                     |                                    |
|                     | se number _                                       |  |  |   |                                     |                                    |
| (if kı              | nown)   |  |  |   |                                     | Check if this is an amended filing |
|                     |   |  |  |   |                                     | amondod ming                       |
| Of                  | fficial Fo  | rm 107   |  |   |                                     |                                    |
|                     |   |  | Affairs for Individ  | luals Filing for F  | Bankruptcy                          | 4/1                                |
| Be a<br>info<br>nun | as complete a<br>ormation. If m<br>nber (if knowr | and accurate as poss<br>ore space is needed,<br>n). Answer every que | ible. If two married people a<br>attach a separate sheet to t<br>stion.  | re filing together, both are<br>this form. On the top of an | equally responsible for su          |                                    |
| Pa                  | rt 1: Give D                                      | etails About Your Ma   | arital Status and Where You  | Lived Before  |                                     |                                    |
| 1.                  | What is you                                       | r current marital statu  | is?  |   |                                     |                                    |
|                     | ☐ Married   |  |  |   |                                     |                                    |
|                     | Not mar   | ried   |  |   |                                     |                                    |
| 2.                  | During the la                                     | ast 3 years, have you  | lived anywhere other than v  | where you live now?   |                                     |                                    |
|                     | □ No  |  |  |   |                                     |                                    |
|                     | Yes. Lis  | t all of the places you  | ived in the last 3 years. Do no  | ot include where you live now                               | w.                                  |                                    |
|                     | Debtor 1 Pr                                       | ior Address:   | Dates Debtor 1 lived there   | Debtor 2 Prior A  | ddress:                             | Dates Debtor 2<br>lived there      |
|                     | 2750 - 5th<br>Milan, IL 62                        |  | From-To:<br>1994 thru Octo<br>2014   | ☐ Same as Debtor<br>ber                                     | 1                                   | ☐ Same as Debtor 1<br>From-To:     |
| 3.<br>stat          | es and territori  ■ No □ Yes. Ma                  | es include Arizona, Ca   | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Nev<br>thedule H: Your Codebtors (Of<br>ar Income | vada, New Mexico, Puerto R                                  |                                     |                                    |
| 4.                  | Fill in the tota                                  | al amount of income yo   | nployment or from operating u received from all jobs and a have income that you receive                        | ill businesses, including par                               | t-time activities.                  | endar years?                       |
|                     | □ No  |  | •  |   |                                     |                                    |
|                     | _   | in the details.  |  |   |                                     |                                    |
|                     |   |  | Dahtan 4   |   | Dahtar 2                            |                                    |
|                     |   |  | Debtor 1 Sources of income   | Gross income  | Debtor 2 Sources of income          | Gross income                       |
|                     |   |  | Check all that apply.  | (before deductions and exclusions)                          | Check all that apply.               | (before deductions and exclusions) |
|                     |   | of current year until<br>d for bankruptcy:                           | ■ Wages, commissions, bonuses, tips  | \$3,840.00  | ☐ Wages, commissions, bonuses, tips |                                    |
|                     |   |  | ☐ Operating a business   |   | ☐ Operating a business              |                                    |

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Case number (if known) Document Debtor 1 Theresa D. Morgan

|    |  |  |   | Debtor 1   |   |  |  | Debtor 2  |  |   |
|----|--|--|---|--|---|--|--|---|--|---|
|    |  |  |   | Sources  | of income<br>I that apply.  |  | income<br>e deductions and<br>ions)  | Sources of inc<br>Check all that a  |  | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calen<br>nuary 1 to                       |  | 31, 2016 )  | ■ Wage   | es, commissions,<br>tips  |  | \$12,124.00  | ☐ Wages, com bonuses, tips  | missions,  |   |
|    |  |  |   | ☐ Opera  | ating a business  |  |  | ☐ Operating a   | business   |   |
| 5. | Include include and other winnings.  List each s | come regard<br>public bene<br>If you are fil   | lless of wheth<br>fit payments;<br>ng a joint cas<br>he gross inco  | ner that inco<br>pensions; is<br>se and you  | ome is taxable. Ex<br>rental income; inte<br>have income that   | amples of<br>rest; divid<br>you receiv   | ends; money colled<br>red together, list it d  | alimony; child supp   | royalties; and<br>ebtor 1.   | ecurity, unemployment,<br>d gambling and lottery      |
|    |  |  |   | 51.  |   |  |  | D.1.  |  |   |
|    |  |  |   | Debtor 1<br>Sources<br>Describe  | of income<br>below.   | each :   | s income from<br>source<br>e deductions and<br>ions)   | Debtor 2<br>Sources of inc<br>Describe below  |  | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: List                                       | Certain Pa   | vments You  | Made Bef   | ore You Filed for   | Bankrup  | tcv  |   |  |   |
|    | □ No.  | Neither Deindividual production individual p | 90 days before Go to line 7 List below expaid that cruton adjustment or Debtor 2 of Go to line 7 List below expaid that cruton adjustment or Debtor 2 of Go to line 7 List below expaid that cruton adjustment or Debtor 2 of Go to line 7 List below expaid that the cruton adjustment or Debtor 2 of Go to line 7 | personal, person | family, or househod for bankruptcy, do not to whom you panet include payme to an attorney for to an attorney for to an attorney for to bankruptcy, do not to whom you panet or to whom you panet or to support of | umer deb<br>old purpos<br>lid you pay<br>aid a total of<br>this bankri<br>rs after that<br>umer deb<br>lid you pay | e."  y any creditor a total of \$6,425* or more mestic support obliquately case. at for cases filed on  ts. y any creditor a total of \$600 or more an | al of \$6,425* or moder<br>in one or more pay<br>gations, such as chance of<br>al of \$600 or more? | re?  ments and the support and |   |
|    | Creditor'  | s Name and   | d Address   |  | Dates of paymo  | ent  | Total amount paid  | Amount you still owe  | Was this p   | ayment for  |
| 7. | Insiders in of which you a business alimony.     | clude your r<br>ou are an of<br>s you operat   | elatives; any<br>ficer, director  | general pa<br>, person in<br>roprietor. 1  | rtners; relatives of control, or owner  | f any gene<br>of 20% or  | ral partners; partners more of their voting  |   | u are a gene<br>ny managing  | ral partner; corporations<br>agent, including one for |
|    | Insider's  | Name and   | Address   |  | Dates of paymo  | ent  | Total amount   | Amount you  | Reason fo  | r this payment  |
|    |  |  |   |  |   |  | paid   | still owe   |  |   |

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| Debtor 1 | Theresa D. Morgan | Document | Page 45 of 66 Case number (if known) |  |
|----------|-------------------|----------|--------------------------------------|--|
|----------|-------------------|----------|--------------------------------------|--|

| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No                                    | ,, ,                         | ments or transfer a  | any property on ac      | ccount of a d              | ebt that benefited an        |
|-----|---|------------------------------|----------------------|-------------------------|----------------------------|------------------------------|
|     | Yes. List all payments to an insider  |                              |                      |                         |                            |                              |
|     | Insider's Name and Address  | Dates of payment             | Total amount paid    | Amount you<br>still owe | Reason for<br>Include cred | this payment<br>litor's name |
| Par | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures         |                      |                         |                            |                              |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.      |                              |                      |                         |                            |                              |
|     | <ul><li>■ No</li><li>□ Yes. Fill in the details.</li></ul>  |                              |                      |                         |                            |                              |
|     | Case title Case number  | Nature of the case           | Court or agency      |                         | Status of th               | e case                       |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.                      |                              | erty repossessed, f  | oreclosed, garnis       | hed, attached              | d, seized, or levied?        |
|     | ☐ Yes. Fill in the information below.   |                              |                      |                         |                            |                              |
|     | Creditor Name and Address   | Describe the Property        |                      | Date                    |                            | Value of the property        |
|     |   | Explain what happened        | i                    |                         |                            | ргоролту                     |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.                   |                              | luding a bank or fir | nancial institution     | , set off any a            | amounts from your            |
|     | Creditor Name and Address   | Describe the action the      | creditor took        | Date a                  | action was                 | Amount                       |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes   |                              | erty in the possess  |                         |                            | efit of creditors, a         |
| Par | t 5: List Certain Gifts and Contributions   |                              |                      |                         |                            |                              |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.  | otcy, did you give any gifts | s with a total value | of more than \$60       | 0 per person               | ?                            |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts           |                      | Dates the gi            | you gave<br>fts            | Value                        |
|     | Person to Whom You Gave the Gift and Address:   |                              |                      |                         |                            |                              |
| 14. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift or cor                                       |                              | s or contributions v | with a total value      | of more than               | \$600 to any charity?        |
|     | Gifts or contributions to charities that tot<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) | al Describe what you         | ı contributed        | Dates                   | you<br>ibuted              | Value                        |
| Par | t 6: List Certain Losses  |                              |                      |                         |                            |                              |
|     |   |                              |                      |                         |                            |                              |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 17-81168 Doc 1 Filed 05/17/17 Entered 05/17/17 11:43:10 Desc Main Document Page 46 of 66 ase number (if known) Debtor 1 Theresa D. Morgan or gambling? Nο Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Balsley & Dahlberg Attorney Fees April 5, 2017 \$500.00 5130 North Second Street Loves Park, IL 61111 www.balsleylawoffice.com Lee Witfield 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

**Person Who Received Transfer** Date transfer was Description and value of Describe any property or **Address** property transferred payments received or debts made paid in exchange Person's relationship to you

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

☐ Yes. Fill in the details.

Name of trust Description and value of the property transferred **Date Transfer was** made

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Debtor 1 Theresa D. Morgan

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Last balance Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value (Number, Street, City, State and ZIF Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

Case 17-81168 Doc 1 Filed 05/17/17 Entered 05/17/17 11:43:10 Document Page 48 of 66 ase number (if known) Debtor 1 Theresa D. Morgan 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Theresa D. Morgan
Theresa D. Morgan
Signature of Debtor 1

Date May 11, 2017
Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107 Statement of Fin
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Debtor 1 Theresa D. Morgan

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| Debtor 1            | Theresa D. Mo | rgan        |           |                       |
|---------------------|---------------|-------------|-----------|-----------------------|
|                     | First Name    | Middle Name | Last Name |                       |
| Debtor 2            |               |             |           |                       |
| (Spouse if, filing) | First Name    | Middle Name | Last Name |                       |
|                     |               |             |           | _ 0, , , , , ,        |
| Case number         |               |             |           |                       |
| (if known)          |               |             |           | ☐ Check if this is an |
|                     |               |             |           | amended filing        |
|                     |               |             |           |                       |

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| nformation below.   |  |   |
|---|--|---|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                             | _   |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.    | □Yes  |
| property  | Retain the property and [explain]:                               |   |
| securing debt:  |  |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                             |   |
| Description of  | Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property  | ☐ Retain the property and [explain]:                             |   |
| securing debt:  |  |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                             | _   |
| Description of  | Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property  | ☐ Retain the property and [explain]:                             |   |
| securing debt:  |  |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1              | Theresa D. Morgan  | Case number (if known)   |                                   |  |
|-----------------------|--|--|-----------------------------------|--|
| name:                 | otion of   | ☐ Retain the property and redeem it.☐ Retain the property and enter into a   | ☐ Yes                             |  |
| Descrip               |  | Reaffirmation Agreement.   |                                   |  |
| propert<br>securin    | •  | ☐ Retain the property and [explain]:   | _                                 |  |
| For any u             | List Your Unexpired Personal Proper nexpired personal property lease the           | erty Leases<br>at you listed in Schedule G: Executory Contracts and Unexpired<br>e leases. Unexpired leases are leases that are still in effect; the | Leases (Official Form 106G), fill |  |
|                       |  | erty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2   |                                   |  |
| Describe              | your unexpired personal property le  | eases  | Will the lease be assumed?        |  |
| Lessor's r            |  |  | □ No                              |  |
| Property:             | on of leased   |  | ☐ Yes                             |  |
| Lessor's r            | name:  |  | □ No                              |  |
| Description Property: | on of leased   |  | □ Yes                             |  |
| Lessor's r            |  |  | □ No                              |  |
| Property:             | on of leased   |  | ☐ Yes                             |  |
| Lessor's r            |  |  | □ No                              |  |
| Property:             | on of leased   |  | ☐ Yes                             |  |
| Lessor's r            |  |  | □ No                              |  |
| Property:             | on of leased   |  | □ Yes                             |  |
| Lessor's r            |  |  | □ No                              |  |
| Property:             | on of leased   |  | □ Yes                             |  |
| Lessor's r            |  |  | □ No                              |  |
| Description Property: | on of leased   |  | ☐ Yes                             |  |
| Part 3:               | Sign Below   |  |                                   |  |
|                       | nalty of perjury, I declare that I have i<br>hat is subject to an unexpired lease. | indicated my intention about any property of my estate that sec  | ures a debt and any personal      |  |
|                       | heresa D. Morgan   | x  |                                   |  |
|                       | resa D. Morgan<br>ature of Debtor 1  | Signature of Debtor 2  |                                   |  |
| Date                  | May 11, 2017   | Date   |                                   |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-81168 Doc 1 Filed 05/17/17 Entered 05/17/17 11:43:10 Desc Main Document Page 56 of 66

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In r  | e Theresa D. Morgan  |  | Case No.                       |                                      |  |
|---|--|--|--------------------------------|--------------------------------------|--|
|   | <u> </u>   | Debtor(s)  | Chapter                        | 7                                    |  |
|   | DISCLOSURE OF COMPENS  | SATION OF ATTOR  | RNEY FOR D                     | EBTOR(S)                             |  |
| 1.  | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of of the debtor (s) in contemplation of the debtor | of the petition in bankruptcy,                                   | or agreed to be paid           | l to me, for services rendered or to |  |
|   | For legal services, I have agreed to accept  |  | \$                             | 500.00                               |  |
|   | Prior to the filing of this statement I have received  |  | \$                             | 500.00                               |  |
|   | Balance Due  |  | \$                             | 0.00                                 |  |
| 2.  | \$_335.00 of the filing fee has been paid.   |  |                                |                                      |  |
| 3.  | The source of the compensation paid to me was:   |  |                                |                                      |  |
|   | ■ Debtor □ Other (specify):  |  |                                |                                      |  |
| 4.  | The source of compensation to be paid to me is:  |  |                                |                                      |  |
|   | ■ Debtor □ Other (specify):  |  |                                |                                      |  |
| 5.  | ■ I have not agreed to share the above-disclosed compens   | sation with any other person                                     | unless they are men            | abers and associates of my law firm. |  |
|   | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.   |  |                                |                                      |  |
| 6.  | In return for the above-disclosed fee, I have agreed to rend   | er legal service for all aspects                                 | s of the bankruptcy            | case, including:                     |  |
|   | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul>   |  |                                |                                      |  |
| 7.  | By agreement with the debtor(s), the above-disclosed fee defended Representation of the debtors in any discharge adversary proceeding.   | oes not include the following<br>geability actions, judicial lie | service:<br>n avoidances, reli | ef from stay actions or any other    |  |
|   |  | CERTIFICATION  |                                |                                      |  |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. |  |  |                                |                                      |  |
| May 11, 2017 /s/ Jeffry A Dahlberg  |  |  |                                |                                      |  |
|   | Date   | Jeffry A Dahlberg  |                                |                                      |  |
|   |  | Signature of Attorne Balsley & Dahlberg                          |                                |                                      |  |
|   |  | 5130 North Second  |                                |                                      |  |
|   |  | Loves Park, IL 611   |                                |                                      |  |
|   |  | (815) 877-2593 F   |                                | 5                                    |  |
|   |  | www.balsleylawoff Name of law firm                               | ice.com                        |                                      |  |
| 1   |  | wame oj taw jirm   |                                |                                      |  |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In re: Case No.: 17-

Theresa D. Morgan

Judge Thomas M Lynch

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 7 DEBTORS AND THEIR ATTORNEYS

#### BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case as required by Local Bankruptcy Rule and explain how and when the attorney's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, statements and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, statements and schedules.
- 5. Advise the debtor of the need to maintain appropriate insurance.

### AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card

does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

- 2. Notify the attorney of any change in the debtor's address or telephone number.
- 3. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 4. Contact the attorney immediately if the debtor loses employment, has a significant change in income or experiences any other significant change in financial situation (such as serious illness, lottery winnings or an inheritance).
- 5. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 6. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the Internal Revenue Service or the Illinois Department of Revenue.
- 7. Contact the attorney before selling real property while the bankruptcy is pending.
- 8. Pay all fees for amendments in a timely fashion.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination).
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 7 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely prepare, file and serve any necessary amended statements and schedules and any change of address in accordance with information provided by the debtor.
- 7. Monitor all incoming case information.

- 8. Prepare, file and serve all appropriate motions to avoid liens.
- 9. Provide any other legal services necessary for the administration of the case before the Bankruptcy Court.
- 10. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 11. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 12. The services to be provided by the attorney specifically exclude the representation in any adversary proceeding filed by any creditor.

| Date:           | May 11, 2017                          | _ |
|-----------------|---------------------------------------|---|
| Total fe        | e to be paid for attorney's services: |   |
| \$ <u>500.0</u> | 00                                    |   |
| (Do not         | sign if this line is blank)           |   |

I understand that I may be subject to a random audit conducted by a private audit firm pursuant to §603 of the Bankruptcy Code and will have to produce certain documents which may include pay stubs for the six (6) calendar months prior to filing; two years of federal tax returns, including any schedules and forms; account statements for all depository and investment accounts for six calendar months preceding the date of filing of the petition, plus the month in which the petition was filed, along with sufficient documentation to reasonably explain the source of deposits or credits and the purpose of checks, withdrawals or debits and a copy of any divorce decree and/or property settlement entered within the last three years and any current child support/alimony obligation that I may have.

X / / UUUL ///

A Dahlberg, Attorney for Debtor(s)

BALSLEY & DAHLBERG 5130 North Second Street Loves Park, IL 61111-5002 815-877-2593

# Case 17-81168 Doc 1 Filed 05/17/17 Entered 05/17/17 11:43:10 Desc Main Document Page 60 of 66

Attorney - Client Agreement Chapter 7

The undersigned hires Balsley & Dahlberg Law Office for representation in a Chapter 7 bankruptcy under the following terms and conditions. I have signed and received a copy of the "Court Approved Retention Agreement" between Chapter 7 Debtors and their attorney as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I understand office personal will work on my case.

I understand the court cost of \$335.00 is not included in attorney fees. I also understand the cost for the credit counseling or financial management classes are not included in the attorney fees. Attorney fees are fixed (\$500.00 single & \$550.00 joint). Fees and "advance payment retainers" for pre-filing work, become property of this firm on payment and are deposited into the firm's operating account. Payments are applied to the fees. If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amount tendered as filing fees or court cost and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that these fees above do not apply to, and the Attorney is not hired to represent me in the following: Adversary proceedings, Asset proceedings, Appeals or Proceeding in any non-bankruptcy court or administrative agency. The attorney may require additional fees allowed by the "Court Approved Retention Agreement" or other circumstances, such as any Adversary proceedings or if my case is deemed an Asset Case. If additional fees are required they will be paid up front prior to any work on these matters. I understand that if a motion needs to be filed to extend the Discharge to obtain a Reaffirmation Agreement in my case I will have to pay any fees associated with this motion. I understand that if any motions need to be filed in my case I will pay the fee prior to the filing of said motion.

Balsley & Dahlberg Law Office is not representing me in state or any other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankruptcy is my responsibility.

I must disclose any such claims or property I now have or acquire after filing Chapter 7 to my attorney and the court in a filed amendment and obtain authority to keep them.

I understand that to receive a reaffirmation agreement I need to be current on all payments. I understand the Attorney will make every attempt to obtain a Reaffirmation Agreement but cannot guarantee that we will receive one. I understand that Reaffirmation Agreements are voluntarily entered into, if the creditor refuses to provide a Reaffirmation Agreement there in nothing in the Bankruptcy Code to force them to prepare one. I agree to read my petition before signing it so that I know what is included.

(Please initial on red line after you have read the information below)

x If I have any of the following debts they will NOT be discharged: traffic/parking/tollway fines; criminal fines; student loans; educational debts/tuition; child support/maintenance; taxes; NSF criminal court; debts incurred by fraud or other debts found non-dischargeable by the Bankruptcy Court, and the holder of these will be

free to pursue collection after the entry of the discharge order.

I also understand that if I receive any sum of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify the attorney immediately and may have to pay some or all of the funds into the Chapter 7.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court, and I must make full disclosure of all income, expenses, debts, and assets in my initial consultation and on my bankruptcy petition. It fail to take my financial management class that my case may be closed without discharge, and will be required to pay a fee to the Attorney and the Courts to have it reopened.

Theresa D. Morgan, Dento

Dated: May 11, 2017

## **United States Bankruptcy Court** Northern District of Illinois

| In re | Theresa D. Morgan   | Debtor(s)   | Case No. Chapter 7 |    |  |
|-------|---|---|--------------------|----|--|
|       | VEI   | RIFICATION OF CREDITOR MA                                   | ATRIX              |    |  |
|       |   | Number of C   | Creditors:         | 50 |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |                    |    |  |
| Date: | May 11, 2017  | /s/ Theresa D. Morgan Theresa D. Morgan Signature of Debtor |                    |    |  |

Advanced Radiology 615 Valley View Drive, Suite 202 Moline, IL 61265-6180

Amazon c/o Synchrony Bank P.O. Box 965060 Orlando, FL 32896-5060

Argus MedPharmacy P.O. Box 173611 Denver, CO 80217-3611

Barclays Bank Delaware 125 South West Street Wilmington, DE 19801

Blitt & Gaines PC 661 Glenn Ave Wheeling, IL 60090-6017

Business Revenue Systems, Inc. P.O. Box 13077
Des Moines, IA 50310-0077

CAC Financial Corp 2601 NW Expressway Suite 1000 East Oklahoma City, OK 73112-7236

Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285

Care Credit c/o Synchrony Bank P.O. Box 965061 Orlando, FL 32896-5081

Carson Smithfield LLC P.O. Box 9216 Old Bethpage, NY 11804

Cavalry Portfolio Services 500 Summit Lake Dr Suite 400 Valhalla, NY 10595-2321

CGH Medical Center 101 E. Miller Road Sterling, IL 61081

Chase Credit Cards/Bank One P. O. Box 15298 Wilmington, DE 19850-5298

Citi Cards P.O. Box 6500 Sioux Falls, SD 57117

Client Services Inc 3451 Harry S. Truman Blvd. St. Charles, MO 63301

Credence Resource Management LLC 17000 Dallas Parkway, Suite 204 Dallas, TX 75248

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193

Department of Education/Navient P.O. Box 740351 Atlanta, GA 30374-0351

Dept. of Ed/Navient P.O. Box 9635 Wilkes Barre, PA 18773

Diversified Consultants Inc P.O. Box 1391 Southgate, MI 48195-0391

Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256-7412 Financial Adjustment Bureau Inc. P.O. Box 276 612 Jefferson Burlington, IA 52601

First Savings Credit Card P.O. Box 5019 Sioux Falls, SD 57117-5019

Furniture Row Express Card c/o Capital One Bank P.O. Box 30253 Salt Lake City, UT 84130-0235

Gastrointestinal Clinic 5041 Utica Eidge Road Davenport, IA 52807-3480

General Services Bureau Inc. 5807 N. 102nd Street Omaha, NE 68134-1051

Genesis Medial Center P.O. Box 739 Moline, IL 61266-0739

GI Pathology P.O. Box 1000, Dept 461 Memphis, TN 38148-0001

Gordmans c/o Comenity Bank Bankruptcy Dept P.O. Box 182125 Columbus, OH 43218-2125

I.C. Systems Inc 444 East Highway 96 P.O. Box 64437 Saint Paul, MN 55164-0437

IL Student Assistance Commission 1755 Lake Cook Road Deerfield, IL 60015 JC Penney c/o Synchrony Bank P.O. Box 965008 Orlando, FL 32896-5008

Juniper Bank P.O. Box 8801 Wilmington, DE 19899-8801

LTD Financial Services LP 7322 SW Freeway Suite 1600 Houston, TX 77074

Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804

Metropolitan Medical Laboratory 1814 E. Locust Street Davenport, IA 52803

Midland Credit Management 2365 Northside Drive, Suite 300 San Diego, CA 92108

Midland Credit Management Inc. P.O. Box 2011 Warren, MI 48090

Monarch Recovery Management 10965 Decatur Road Philadelphia, PA 19154-3210

MRS Associates of NJ 1930 Olney Ave Cherry Hill, NJ 08003

Old Navy c/o Synchrony Bank P.O. Box 965008 Orlando, FL 32896-5008

Pioneer Credit Recovery Inc. P.O. Box 310 Perry, NY 14530 Portfolio Recovery Associates DONT 120 Corporate Boulevard Norfolk, VA 23502

Professional Placement Services P.O. Box 612 Milwaukee, WI 53201-0612

Quad City Endoscopy LLC 4340 - 7th Street Moline, IL 61265-6867

Quad Corporation P.O. Box 2020 Davenport, IA 52809-2020

RGS Collections Inc. 1700 Jay Eli Drive, Suite 200 Richardson, TX 75081

Slate from Chase P.O. Box 15299 Wilmington, DE 19850-5299

Unity Point Health P.O. Box 5078 Rock Island, IL 61204-5078